OPIOID DEPENDENCY PROGRAM

Opioid Addiction and Methadone Maintenance Treatment

With a client's story

AADAC

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Opioids are a family of drugs that are produced from the opium poppy or are man-made substances that have similar properties. In medicine, they are used because they work well to help manage pain. Although they are generally prescription-only medications, some over-the-counter medications (such as Tylenol ®) also contain an opioid.

Examples of opioids include morphine, codeine, OxyContin® and Percodan®. Heroin is also an opioid.

Opioids can affect the brain so that the person taking them feels good or "high." The most commonly reported effects are drowsiness, warmth, a sense of well-being and contentment, and detachment from pain and anxiety. These feelings are increased when opioids are injected.

People will develop tolerance if they take opioids over time without stopping, which means they need to use more and more of the drug to get the same levels of these mood-altering effects.

Some people start taking opioids recreationally for their mood-altering effects. Others may be prescribed opioids after surgery or to treat chronic pain, then continue to use them for their mood-altering effects. Both types of use can result in addiction.

People addicted to opioids have cravings and feel that they can't function without taking them. As their addiction progresses, they will likely begin having problems in their life because of their drug use. They may have problems with their job, with the law, with money, with their health, or with their friends and family. An addicted person will continue to use despite these problems. Eventually, a person can reach a point where their use is out of control; they can't seem to stop no matter how badly they want to.

The brain and body can get so used to opioids that a person cannot function without them. It becomes harder and harder to get "high." If they try to stop or if they run out of opioids, they go through withdrawal. Though withdrawal is not life-threatening, it makes the person feel very sick. And they know that the one way to feel better is to use. Eventually, they are no longer using to feel good; they are using to try to feel normal and to avoid getting sick.

People withdrawing from opioids describe it as feeling like they have a severe case of the flu. They feel most sick two to three days after stopping. Generally, withdrawal lasts between seven and 10 days, but some symptoms (such as craving, insomnia and anxiety) can continue for six months or longer.

Once people become addicted, the need to keep using opioids can become more important than anything else in their lives. At this point, serious problems develop:

- relationship and family problems
- job loss and unemployment
- homelessness
- problems with the law
- financial difficulties
- involvement in crime and the sex trade
- health problems

Opioids are depressants, which means, among other things, that they slow down breathing. People can die if they take too high a dose or if they take other depressants (such as alcohol, sleeping pills or tranquillizers like Valium®) at the same time they are on opioids. People who inject opioids have an even greater risk of overdose. They may also get diseases such as HIV and hepatitis C if they share injecting equipment.

"I got an appointment at a methadone program and the staff there told me that methadone would stop me from going into withdrawal and having cravings and that it wouldn't make me high or sleepy. The staff at the program said that methadone would put me on my feet again."

Methadone is a man-made opioid medication. It was first developed as a painkiller but has been used successfully since the 1960s to treat opioid addiction. Methadone is a good medication to use as a treatment:

- It prevents cravings and withdrawal for 24 to 36 hours.
- It is taken by mouth as a liquid, so people don't need to inject.
- It does not make people "high" when used as prescribed.
- It partially blocks the mood-altering effects of other opioids.
- Tolerance develops very slowly, so people can usually stay on the same dose for a long time.
- It is medically safe to take long term, even for many years.
- It has few side-effects and these are not serious; the most common ones are sweats and constipation.

"I couldn't believe how much better I felt once I had been on the program for a few weeks. I stopped worrying about where I was going to get more drugs. I was able to start eating and sleeping better. I began to realize there is a lot more to life than just using drugs."

Methadone helps people take control of their addiction and begin to lead a normal life:

- When on the right dose, people have no cravings or withdrawal. They can function the same as anybody else.
- They can start focusing on things that are important, which they may not have been able to focus on when they were using.
- Their health will improve.
- They can start rebuilding relationships with those they care about.
- They can work or go to school.

"Once I had clean urine tests for some time and was settled in my own place, I was allowed to start taking some doses home from the pharmacy. It was just three doses a week to start with, but I knew I would be able to take home more doses as my clean time increased.

I also knew that if I tested positive for anything not prescribed for me, including alcohol, I would go back to daily dosing at the pharmacy. It was quite an incentive to keep working away at my recovery."

Methadone, when taken as prescribed, is very safe. However, there are risks:

- If somebody on methadone also takes alcohol or non-prescribed medications (such as other opioids, tranquillizers or sleeping pills), there is a risk of overdose and death.
- If somebody else who is not used to taking opioids takes even a low dose of methadone, they can die.
- A very small amount of methadone can kill a child.

A priority of any methadone program is to help clients stay safe:

- Clients go to either the methadone clinic or to a pharmacy and take their dose in front of a nurse or pharmacist. If it looks like they might be under the influence of something, they won't be given their dose that day.
- Clients get carry-home doses only when they are not using other substances and when their home situation is stable.
- Random urine testing is done to monitor progress.

People on methadone feel pain just like somebody not on methadone. They need to get appropriate treatment for acute or chronic pain. This can include being prescribed other opioids when necessary. However, pain medications need to be managed differently:

- Certain painkillers can work against methadone and can cause uncomfortable withdrawal symptoms. Drugs like Nubain®, Stadol®, Talwin® and Darvon® should be avoided.
- The doctor providing treatment for pain needs to know their patient is on methadone, and the doctor prescribing methadone needs to know about the pain treatment. They can work together to make sure the pain is managed and doesn't interfere with the methadone.

Methadone treatment is strongly recommended for pregnant women who are dependent on opioids. Methadone does not harm the fetus and it is the safest treatment option for both mother and baby. Sometimes the methadone dose needs to be adjusted during pregnancy. Women on methadone can get pregnant, have a safe pregnancy, and have a healthy baby.

There is no set length of treatment. People are encouraged to stay on methadone as long as they are getting benefit from it. When someone decides they want to stop taking methadone, their dose is gradually reduced so that they have little or no discomfort. Research shows that the longer people stay in treatment, the better the results. Some people stay on methadone for life.

AADAC's Opioid Dependency Program has been providing methadone treatment since 1971. There are two clinics: one in Edmonton and one in Calgary. The clinics have doctors, nurses, counsellors and support staff who work together to help people needing methadone treatment.

The first few weeks on the program involve getting clients on the right dose. The right dose is when someone has no cravings, no drowsiness and no withdrawal symptoms. Clients start with a low dose, which is slowly increased until the right dose is found. They come to the clinic every weekday, talk to a nurse and get their methadone. On weekends, they go to a pharmacy in their community for their medication.

Clients must cover their cost of their methadone. Most drug plans cover this, in the same way that other medications are covered.

Once clients are on the right dose and otherwise are stable enough, they can be transferred to a community pharmacy for all their medication. When it is safe, they can be given some carry-home doses. They will be contacted to provide random urine samples for as long as they are on the program. When asked, they must provide a sample within 24 hours.

Clients are seen by the clinic physician for prescription renewals.

Counselling is available at the clinics. Counsellors can refer clients to the full range of AADAC services, as well as to other agencies.

To find out more about opioid addiction or methadone treatment, call the AADAC Opioid Dependency Program nearest you.

Edmonton: 780-422-1302
Calgary: 403-297-3118